

4-H Member Early Release Form

If it is necessary for your child to leave camp early, this authorization for leaving early must be completed in full, and turned in at check-in. Full-time participation is encouraged.

I, _____, hereby authorize the person(s) listed below to
(Name of Parent or Legal Guardian)

pick up _____ at the CANTERS CAVE 4-H CAMP.
(Child's Name)

I/We expect to pick up this child at _____ on _____, and
(Time) (Date)

return at _____ on _____.
(Time) (Date)

Name(s) of person(s) who are authorized to pick up my child: _____

4-H Member Restricted Release

We understand that there are situations where parents have a right to restrict who will pick up their child at the end of camp. If you need to restrict who picks up your child, you must complete this section.

I, _____, hereby authorize the person(s) listed below to pick
up my child, _____, following the CANTERS CAVE 4-H

CAMPING EVENT

Names of person(s) who are authorized to pick up my child:

Parent or Legal Guardian Signature _____ Date _____

CANTER'S CAVE 4-H CAMP, INC.
Elizabeth L. Evans Outdoor Education Center
Participation Release Form

Participant's Name: _____ Age: _____

Address: _____

Phone: _____
(Area Code) Number

STATEMENT OF UNDERSTANDING

I am aware in signing this statement for participation in the programs of the Canter's Cave 4-H Camp, Inc. that certain activities are physically demanding. Therefore, physical fitness will increase an individual's enjoyment and ability to participate in the activity. If for any reason you question your (or your child's) ability to participate in the activity, please consult with the instructors prior to participation.

While it is impossible to foresee all possible dangers, some of the specific hazards which you might encounter while using the High Ropes, Initiatives Course, Climbing Tower, Archery Range, Rappeling Area, Shooting Sports Safety Course, and Hiking Trails include: slipping or falling on the trails, insect bites, poison ivy, bumps, bruises, cuts,, sprains, fractures or other associated injuries and hazards. Please note that most activities are conducted outdoors in all kinds of weather, so proper dress (rain gear, warm clothing) are essential to avoid undue exposure to the elements. Course instructors will take every reasonable precaution to minimize exposure to known risks, however, as a participant (or parent/guardian of a participant) you acknowledge the nature of the activity and the fact that not all of the stresses and hazards connected with these activities can be foreseen.

You have the personal responsibility to follow the established safety rules and procedures to the extent that you participate in such activities. If at any time you have questions about an activity, you have the responsibility to consult with the instructor. Sponsoring agencies have the responsibility to providing participants with a progression of appropriate activities which lead to the experiences at the Elizabeth L. Evans Outdoor Education Center.

Please sign your name beside the activities you authorize your child to participate in:

High Ropes _____ **Shooting Sports** _____

Initiatives Course _____ **Field Archery** _____

Rapelling _____

Please list other activities that you do not wish your child to participate in: _____

"I recognize that there is a significant element of risk in any adventure, sport, or activity associated with the outdoors. Knowing the inherent risks, dangers and rigors involved in the activities, I certify that my family and I, including any minor children, are fully capable of participating in the activities."

"I assume full responsibility for my family and myself, including any minor children, for bodily injury, death, loss of personal property and expenses thereof, as a result of my negligence or the negligence of my family."

Signature _____ Date _____
(Parent or legal guardian must sign for all persons under 18 years of age)

CANTER'S CAVE 4-H CAMP
CODE OF BEHAVIOR
_____ **COUNTY**

1. The use, consumption, or possession of alcoholic beverages (liquor & beer, including non-intoxicating beer) and unlawful items, such as illegal non-prescription drugs, are not permitted during the event. Anyone arriving for the event while under the influence of any of the above substances will not be permitted to register for Camp.
2. Participants are not to leave the Canter's Cave grounds for any reason without the prior approval of the Extension Agent in charge of the event and permission form signed by a parent or guardian.
3. Males are not permitted in the female sleeping quarters nor are the females allowed in the male sleeping quarters for any reason.
4. Campers will respect the rights of others. Participants may not invade the personal property of others nor speak to others in a foul or offensive matter.
5. Participants will attend all events that are planned in the program. Campers should be where they are supposed to be when they are supposed to be there.
6. Prescription drugs must be left with the Camp Nurse. All illegal drugs or alcohol are prohibited on the grounds of Canter's Cave 4-H Camp.
7. Campers will be held responsible (financially) for any willful damage done to Canter's Cave 4-H Camp or camp property.
8. No one is to go into the swimming pool or around the lake except when a lifeguard is present. Failure to obey directions of the lifeguards will result in the loss of swimming privileges.
9. A leader in each cabin will organize the cabin for evacuation in case of fire or other emergency.
10. It is illegal to sell tobacco products to minors. Therefore, we discourage use of tobacco by all 4-H members. The use of any type of tobacco product is prohibited at 4-H Camp.
11. No pets of any size, shape, or form will be permitted in camp.
12. Outside visitors are not allowed in camp. If a Parent or Guardian finds it necessary to visit, they are asked to register with the Camp Director immediately upon arrival.
13. THIS EVENT HAS BEEN PLANNED WITH THE 4-H MEMBERS IN MIND. WE EXPECT THAT PARTICIPANTS FOLLOW THE SET RULES AND BEHAVE IN A RESPONSIBLE MANNER. STAFF OF THE OHIO STATE UNIVERSITY EXTENSION RESERVE THE RIGHT TO INFORM THE PARENTS AND SEND ANY INDIVIDUAL HOME AT ANY TIME IF HE/SHE DOES NOT FOLLOW THE SET RULES OF BEHAVIOR.

I have provided information on this form to the best of my knowledge and have read and understand the set rules and guidelines for this event. I agree to be an active participant in this event and to represent my county as a responsible 4-H member.

SIGNATURE OF PARTICIPANT _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

Elizabeth L. Evans Outdoor Education Center

CANTER'S CAVE 4-H CAMP

COUNTY _____

LODGING _____

TRIBE/GROUP _____

HEALTH HISTORY

Must be completed for each participant and handed to the nurse upon arrival at camp. This form to be completed by parents/guardian of minors or by adult campers themselves. This information will be kept confidential and used only for the welfare of the participant. PLEASE PRINT!

Camping Dates _____

Please Circle: Male Female Age _____ Date of Birth _____

Name _____ / _____ / _____ (Last) (First) (Middle)

Address _____ / _____ / _____ (P.O. Box or Street) (City) (State) (Zip)

Phone (home phone) _____ Parent/Guardian (work phone) _____

In Case of Emergency, contact:

Parent Name _____ Phone _____

Other Person _____ Phone _____

Physician's Name _____ Phone _____

INSTRUCTIONS FOR MEDICATION

- 1. All prescription drugs MUST be brought to camp in the container in which they were issued with medical orders and physician's name intact. Others will not be accepted.
2. Only exact amount of medication is to be brought to camp.
3. Pills must be counted upon arrival in camp and upon termination from camp by parent and nurse. No medications other than those prescribed by a physician should be brought to camp. Do not pack medication in suitcase. It must be given to the camp nurse at registration.

Check medications below that participant may receive if deemed necessary, and administered by the camp nurse and/or attending physician:

- ___ Advil ___ Acetaminophen/Tylenol ___ Laxatives ___ Antacids ___ Adrenalin ___ Antiseptics
___ Decongestant ___ Cough suppressant ___ Diarrhea medication

PARENT/GUARDIAN OR ADULT CAMPER RELEASE

Are there any specific activities that this child cannot do at camp due to some health problem? Yes ___ No ___

If Yes, what are they? (For example: swimming, rappeling, canoeing, etc.) _____

Are there any specific activities at camp that should be especially encouraged with this child? Yes ___ No ___

If Yes, please explain _____

(Camper's Name) _____ has my permission to attend Canter's Cave 4-H Camp and to participate in rules and regulations of the camp or I, as parent/guardian, will assume responsibility of the child being sent home. I understand participants will be supervised. I understand that the staff and employees of Canter's Cave 4-H Camp, Ohio State University Extension and Ohio State University are not responsible in the event of accidental injury or illness, nor for compounded injury or illness to the participant's present medical conditions listed. I further understand in case of serious injury or illness I will be notified. If I cannot be contacted, I give my permission to the attending physician to hospitalize, secure proper treatment and to order injection, anesthesia, or surgery for the participant as named above.

Parent/Guardian Signature _____ Date _____

HEALTH FORM

Name _____

Has this child been exposed to any contagious disease within 3 weeks before attending camp? Yes ___ No ___

If Yes, please explain: _____

Check below if participant is subject to:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Fainting | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Frequent colds |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Frequent sore throat | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Athlete's foot | <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Sleep walking |
| <input type="checkbox"/> Ear infection | <input type="checkbox"/> Epileptic seizures | <input type="checkbox"/> Home sickness | <input type="checkbox"/> Bed wetting/kidney trouble |
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Pregnancy <input type="checkbox"/> | |
- (last menstrual period _____)

Other (please specify) _____

Check if participant is allergic to:

Foods (specify) _____

Special Dietary Needs: _____

Medication: Prescription or non-prescription drugs (specify) _____

Bee/Insect Stings _____ Prescribed Treatment _____

Please check if you agree to have emergency aid administered on site _____

Other known allergies _____

List all present medical and allergic conditions and recommended restrictions _____

Conditions _____ Medications _____ Dosage _____

Specify any details of above or additional information _____

Immunization Record – Please record the date (month & year) of basic immunizations and most recent booster doses.

<u>VACCINES</u>	<u>DOSE 1</u>	<u>DOSE 2</u>	<u>DOSE 3</u>	<u>DOSE 4</u>	<u>DOSE 5</u>
Diphtheria, Tetanus, Pertussis - DTP					
Tetanus, Diphtheria - Td					
Tetanus					
Oral Polio (Sabin) - TOPV					
Injectable Polio (Salk)					
Measles, Mumps, Rubella - MMR					
Haemophilus Influenzae b - Hib					
Varicella - VZV (chicken pox)					
Hepatitis B					
Pneumococcal - PCV					
Tuberculin test given - TB					
Other					

The Elizabeth L. Evans Outdoor Education Center Canter's Cave 4-H Camp

- **From Columbus:**

Follow US Route 23 (South) from Columbus to Chillicothe. Take US Route 35 (EAST) in Chillicothe towards Jackson. After about (22) twenty two miles on US Route 35 (EAST) you will come to a green and white highway sign indicating "Canter's Cave 4-H Camp 1 mile. Immediately turn LEFT onto Township Road #223 (Caves Road). Follow this road for approximately (1) one mile. Turn LEFT onto gravel drive at the Elizabeth L. Evans Outdoor Education Center Canter's Cave 4-H Camp sign. Follow gravel road to Main Lodge located at end of gravel drive.

- **From Dayton:**

Take US Route 35 (EAST) to Chillicothe. Follow directions listed above from Columbus.

- **From Cincinnati:**

Take US Route 32 (EAST) to Jackson. At the intersection of US 32 and US 35, turn (WEST) onto US 35 (toward Chillicothe). Follow US 35 for approximately five (5) miles, you will come to a green and white highway sign indicating "Canter's Cave 4-H Camp 1 mile. Immediately turn RIGHT onto Township Road #223 (Caves Road). Follow this road for approximately (1) one mile. Turn LEFT onto gravel drive at the Elizabeth L. Evans Outdoor Education Center Canter's Cave 4-H Camp sign. Follow gravel road to Main Lodge located at end of gravel drive.

